

## **Personal Data Form - YAC Members**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ (Please write legibly)

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Male/Female (Circle One) Ethnic Background:

\_\_\_\_\_

Parents/Guardians name(s): \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent/Guardian 1: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell

(\_\_\_\_) \_\_\_\_\_

Parent/Guardian 2: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell

(\_\_\_\_) \_\_\_\_\_

If your parents/guardian cannot be reached, please contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Relation to YAC Member: \_\_\_\_\_

Please provide any medical information that staff should be aware of, such as medications, health history or behavioral issues. \_\_\_\_\_

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